Client: Example Client ABC123
123 Test Drive
Salt Lake City, UT 84108
UNITED STATES

Physician: Doctor, Example

Patient: Patient, Example

DOB	5/5/1986
Gender:	Female
Patient Identifiers:	01234567890ABCD, 012345
Visit Number (FIN):	01234567890ABCD
Collection Date:	01/01/2017 12:34

RhD Gene (RHD) Copy Number

ARUP test code 0051368

RhD Gene (RHD) Copy Number Specimen	Amniotic fluid
RhD Gene (RHD) Copy Number	1 copy

Indication for testing: Determine fetal RhD zygosity to assess risk for alloimmune hemolytic disease of the fetus and newborn (HDFN).

Heterozygous: One copy of the RhD allele was detected in this prenatal sample, predictive of an RhD-positive phenotype in this fetus.

Single fetal genotype present; no maternal cells present. Fetal and maternal samples were tested using STR markers to rule out maternal cell contamination.

This result has been reviewed and approved by [redacted]

H=High, L=Low, *=Abnormal, C=Critical

BACKGROUND INFORMATION: RhD Gene (RHD) Copy Number

CHARACTERISTICS: Fetal or neonatal erythroblastosis and hydrops.
INCIDENCE OF RHD NEGATIVE GENOTYPE: 15 percent Caucasians, 5 percent African Americans, less than 1 percent Asians.
INHERITANCE: Autosomal recessive
CAUSE: Maternal-fetal Rh D antigen incompatibility
CLINICAL SENSITIVITY: Greater than 98 percent.
METHODS: Determine the presence of the RHD exons 5, 7, and a 37 base pair insertion in the intron 3/exon 4 boundary by PCR and fluorescence monitoring. Allelic height ratios are used to determine the number of copies of RHD as compared to RHCE.
ANALYTICAL SENSITIVITY AND SPECIFICITY: Greater than 99 percent.
LIMITATIONS: Bloody amniotic fluid specimens may give false-negative results because of maternal cell contamination; specificity may be compromised by mutations in primer sites or those outside the RHD exons examined; fetuses predicted to be unaffected should continue to be monitored by noninvasive means. Diagnostic errors can occur due to rare sequence variations.

For quality assurance purposes, ARUP Laboratories will provide confirmation of the above result at no charge for amniotic specimens. Following delivery, please collect a cord blood sample from the infant in a lavender (EDTA), pink (K2EDTA), or yellow (ACD Solution A) tube. Please specify on the test request form that this is a confirmatory study to be performed at no charge. Please provide the mother's name for specimen identification purposes.

Test developed and characteristics determined by ARUP Laboratories. See Compliance Statement C: aruplab.com/CS

VERIFIED/REPORTED DATES

Procedure	Accession	Collected	Received	Verified/Reported
RhD Gene (RHD) Copy Number Specimen	20-079-112221	3/19/2020 2:40:00 PM	3/19/2020 4:44 27 PM	3/27/2020 2:53:00 PM
RhD Gene (RHD) Copy Number	20-079-112221	3/19/2020 2:40:00 PM	3/19/2020 4:44 27 PM	3/27/2020 2:53:00 PM

END OF CHART

H=High, L=Low, *=Abnormal, C=Critical